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Commentary on Cleary, M., Horsfall, J. and Hayter, M. (2014), Data collection and sampling in qualitative research: does size matter? *Journal of Advanced Nursing*, 70:473–475.

Can qualitative research contribute to the humanization of care?

In the editorial 'Data collection and sampling in qualitative research: does size matter?' (Cleary *et al.* 2014), the authors discuss features of qualitative research: sampling and its significance. Qualitative researchers have to describe how they determine their sample. It is pivotal for the reliability of a study to explain, for example, why some people or groups were not included. In qualitative inquiry, samples are generally small and random sampling is not 'qualitatively' appropriate. In this sense, sampling means targeting people or groups with defined and specific characteristics. As qualitative research in health care addresses lived experiences, cultural or health-related issues and psychosocial processes, results are patient-oriented and take into account participants' perspectives. Qualitative research is, therefore, suitable when researchers are committed, to understanding phenomena deeply and also in humanizing care.

Family-centred care

Patient- and Family-Centred Care (PFCC) is characterized by the relationship between health professionals and families, through which both parties share the responsibility for the patient's care. The Institute for Patient- and Family-Centred Care declared that the core characteristics of 'Patient and Family Centred Care are: *Respect and dignity, Information sharing and Participation and Collaboration*' (http://www.ipfcc.org; accessed 10 March 2014). The process of humanization of care involves active participation of patients and their families. Patient- and Family-Centred Care is characterized by the relationship between health professionals and families and through this relationship they share the responsibility for the patient's care. Professional support is provided to patients and their families through a process of involvement and participation, which can define negotiation and the improvement of one's own perception of self-efficacy.

The required approach based on 'involvement', especially, for chronic diseases is centred on therapeutic self-care, as it regards all chronic pathologies. The pharmacological approach in chronic diseases requires the adherence of patients and their families. By exploring the narratives of patients through qualitative research, it is possible to understand the motivations and the knowledge needed to support self-care approaches and pathways. Researching these adapting conditions in groups of chronic patients – who differ in relation to their age, disease and complications – requires a qualitative methodology, especially if embedded in the social constructivist framework that is consistent with Patient- and Family-Centred Care.

Qualitative research demands a rigorous method, experienced and well-trained researchers and appropriate software to analyse and process the complex data collected. In this way, it is possible, scientifically, to compare what is already known and tested with what emerges from qualitative inquiry, for instance in the field of pharmacological research, identifying the dimensions of care that take into account patient motivations, activities of daily living and well-being. Through qualitative methods, researchers are guided by the data and the categories that emerge, towards other participants or other settings, discovering different or even opposite situations, in-depth explanations for the phenomenon they are studying. Through this process, it is possible to gain a concrete understanding of patient and family adherence to treatment.

Grounded theory

More than other qualitative methods, Grounded Theory seems to be sensitive to participants' voices and to the needs of practitioners to improve the quality of healthcare systems. Building a theory that emerges from the psychosocial processes of children/adolescents and families related to self-administration of medications in terms of self-care can facilitate the study of learning and education (also in terms of self-education in minors) of patients affected by chronic disease and families in

relation to the emotional and psychological dimension. In particular, Grounded Theory can be a reference model for disease management styles during and after hospital experience. In fact, Grounded Theory can facilitate the construction of a tool for the implementation of best practices and guidelines based on the experiences of patients and families.

A qualitative research design is an ambitious project that must consistently combine the 'characteristics' of a phenomenon (i.e. personal experience, emotions, readjustments and narrations of oneself) with the rigour of scientific research. Consistency between the research question and the methodology used is what ensures quality and rigour in qualitative research. The consistency between these factors in a qualitative research design is important to do justice to the self-correcting nature of qualitative research (Morse *et al.* 2002). Since there is no hypothesis to confirm, and qualitative research is not structured in detail, and unpredictable *a priori*, it is this consistency, also known as internal validity that provides rigour, consistency and dissemination.

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